

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 3
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Vote!			FEC IDENTIFICATION NUMBER ▼ C C00473918		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on					
Full Name of Payee Mission Control, Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 23 / 2016		
Mailing Address 624 Hebron Ave			Amount 6495.45		
City Glastonbury	State CT	Zip Code 06033-2470	Transaction ID : VN7A7A2G6R9		
Purpose of Expenditure Mailhouse		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Susannah Randolph			Office Sought: <input checked="" type="checkbox"/> House District: 09 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 127789.94			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Mission Control, Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 23 / 2016		
Mailing Address 624 Hebron Ave			Amount 3247.73		
City Glastonbury	State CT	Zip Code 06033-2470	Transaction ID : VN7A7A2G6V3		
Purpose of Expenditure Mailhouse		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Dena Grayson MD, PHD			Office Sought: <input checked="" type="checkbox"/> House District: 09 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 127789.94			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			9743.18		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Caroline Fines</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 08 / 23 / 2016		

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NAME OF COMMITTEE (In Full) Women Vote!	FEC IDENTIFICATION NUMBER ▼ C C00473918
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Mission Control, Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 23 / 2016		
Mailing Address 624 Hebron Ave			Amount 3247.72		
City Glastonbury	State CT	Zip Code 06033-2470	Transaction ID : VN7A7A2G6Y5		
Purpose of Expenditure Mailhouse		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Darren Soto			<input type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: 09 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought 127789.94			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Moxie Media			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 23 / 2016		
Mailing Address PO Box 30084			Amount 8457.37		
City Seattle	State WA	Zip Code 98113-2084	Transaction ID : VN7A7A2G726		
Purpose of Expenditure Mailhouse		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Annette Taddeo			<input checked="" type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought 86198.93			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	11705.09
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Caroline Fines

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Date

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Signature

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Full Name of Payee Moxie Media		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 23 / 2016	
Mailing Address PO Box 30084		Amount 8457.37	
City Seattle	State WA	Zip Code 98113-2084	Transaction ID : VN7A7A2G750
Purpose of Expenditure Mailhouse	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Joe Garcia		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought 86198.93		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	8457.37
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	29905.64

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Caroline Fines

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Date

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08 / 23 / 2016

Signature